MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09 481577	31 12 00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\		/				51		/				
2		.		/			52		/				
3		.		/			53		/				
4		.		/			54		/				
5		.		/			55						
6		.		/			56						
7		.		/			57						
8		.	/	/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22		2		2			72						
23		2		2			73						
24	1		/				74						
25				/			75						
26				/			76						
27				/			77						
28	1		/	/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41			/				91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47			/				97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	4	←	6	←		←	TOTAL IND.	0	←		←		←
TOTAL DEP.	43		51				TOTAL DEP.	4					
TOTAL CLAIMS	47		57				TOTAL CLAIMS	4					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS